

**THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED  
AND DISCLOSED BY THIS PLAN AND HOW YOU CAN GET ACCESS TO THIS  
INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Under federal law sponsors of group health care plans are required to notify plan participants and beneficiaries about how the plan uses and discloses so-called “protected health information” (PHI) maintained by the plan on behalf of participants and beneficiaries.

“PHI” refers to data which a health care plan needs to identify individuals participating in the plan and to process claims and claims appeals.

Under the Health Insurance Portability and Affordability Act of 1996 (also referred to as HIPAA), the federal government identifies the conditions under which PHI may be used by this Plan without your consent, the conditions under the Plan must obtain your consent when using or disclosing your PHI to others and what rights you have with respect to access to and correction of your own PHI. **These requirements are set forth in over 400 pages of explanatory text and regulations.**

**The basic purpose** of the final regulations is to protect the privacy of your PHI, that is, to make sure it is used primarily for the provision of the medical care to which you may be entitled under the Plan and to make sure that such care is paid for in a timely manner in accordance with the terms of the Plan.

**Part I** of this notice, beginning on the next page, provides an easy-to-read **summary** of the various regulatory requirements.

**Part II** provides **a more detailed description** of these requirements with references to sections in the regulations where you can find more detailed information. **All requirements are effective April 14, 2003.**

**IF YOU HAVE ANY QUESTIONS CONCERNING THE INFORMATION IN THIS NOTICE, YOU SHOULD CONTACT THE FUND OFFICE AND ASK TO SPEAK WITH THE “PRIVACY RULE OFFICER.” The initial contact can be made via: Phone (317) 923-4577 or Fax (317) 923-7633.**

## **PART I: A SUMMARY OF THE PRIVACY RULES**

For your convenience the Trustees of your Plan have condensed over 400 pages of complex explanatory text and regulations into a more readable and understandable summary, highlighting those provisions in the regulations that are most likely to be of special interest to you. The summary follows.

### **Use Of PHI Without Your Consent**

Under federal law the Plan does **NOT** need your consent to use or disclose “protected health information” (PHI) when such information is needed by the Plan for determining your eligibility for benefits, claims processing, claims payment, or other health care operations of the Plan. (For details, see Part II of this Notice.)

In addition, the Plan does **NOT** need your consent when requests are received for PHI from any of the following: public health agencies, law enforcement agencies, agencies dealing with child abuse or domestic violence, state or federal courts, state agencies in charge of workmen’s compensation programs, health research agencies, organ procurement organizations. However, the Plan will release to such persons or entities **only the minimum amount of PHI needed by such persons or entities to accomplish their assignment.**

### **Your Options**

You have the right to request that the use or disclosure of PHI for any of the purposes listed above be limited in some fashion. Such a request must be submitted **in writing** on a standard form available from the Fund Office. However, the Trustees are not obligated to comply with your request if it obstructs the Plan’s processing of your health care claims or interferes with the health care operations of the Plan. The Trustees are obligated, however, to explain why your request was rejected.

### **What The Plan May Not Do With Your PHI**

The Plan is NOT permitted to make available your name or address or any other PHI to a third party who intends to use such information primarily to sell you specific health care products or services or for any other “marketing” purpose (as defined in the regulations).

## **Your Rights With Respect To The Use And Disclosure Of Your PHI**

Under federal law you have the right to:

1. **Examine any PHI** maintained on your behalf by the Plan. (This examination must occur during regular business hours and such a request must be made on a standard form provided by the Plan.)
2. **Request a copy** of any documents containing your PHI in a designated-record set, subject to the Plan's rules for making such a request. (A charge of 25 cents per page may be applied.)
3. **Request changes** in any PHI maintained by the Plan on your behalf if you feel the information is inaccurate or incomplete. (Such requests must be submitted on a standard form provided by the Plan.)

Be advised, however, that Fund Office staff is not required to accept any of the changes that you recommend but if rejected, will explain why any recommended changes are rejected.

4. **Request** any PHI mailed to you as a participant or to your family be sent to an address other than your home or apartment. If you prefer an alternate mailing address, contact the Fund Office and request the appropriate form.
5. **Request an accounting** of any disclosures of your PHI made by the Plan as a result of your written agreement to such disclosures (including the name of the person or entity to which PHI was disclosed, what PHI was transmitted, and for what purpose the PHI was used).
6. **Request PHI maintained by the Plan about any of your children** who have not reached majority age unless state law is more restrictive.
7. **File a complaint** with the Plan or with the Department of Health and Human Services describing any alleged violations of the privacy rules. Such a complaint should be filed on a complaint form available from the Fund Office for this purpose.

**Details on the privacy rules follow in Part II. PLEASE RETAIN THIS ENTIRE NOTICE FOR YOUR FILES.**

The notice takes effect on April 14, 2003 and remains in effect until we replace it. If you lose your notice, you are entitled to a replacement at no charge. Just contact the Fund Office. If there are any changes in the notice, the Trustees will notify you **not later than 30 days before** the effective date of the revised notice.

Board of Trustees